

LEGAL ASSISTANCE REQUEST

(This side to be completed by Individual Requesting Assistance)

INDIVIDUAL REQUESTING ASSISTANCE:

GRADE:

SSN:

HOME ADDRESS:

HOME PHONE NUMBER:

UNIT:

UNIT ADDRESS:

UNIT PHONE NUMBER:

BUSINESS PHONE NUMBER (If different from above):

INFORMATION PERTAINING TO THIS REQUEST (Please be Specific):

SDNG FORM 27-1 (29 Jun 92)

USER DISPOSITION: When you have provided  
all of the requested information, send to:  
SDJAG, 2823 West Main, Rapid City, SD  
57702-8136

## THIS SIDE FOR USE BY LEGAL OFFICER/JUDGE ADVOCATE

JA FILE REFERENCE - LAST NAME/ORGANIZATION

DATE RECEIVED:

Drop Down Box

DATE REFERRED

TO ACTION OFFICER:

Drop Down Box

JA ACTION OFFICER:

SIGNATURE OF JA ACTION OFFICER:

CASE SUMMARY:

FACTS DETERMINED:

ACTION TAKEN:

## NOTIFICATION TO CORRESPONDENT

DATE NOTIFIED:

Drop Down Box

HOW NOTIFIED:

BY WHOM (Name, Grade, Title)

REMARKS (Case completed, follow-up action required, referred to SJA, etc.)